

## Provider Referrals to RVA Breathes+ Pilot Pediatric Asthma Intervention Services & Service Expectations

The Richmond City Health District (RCHD), Healthy Homes Initiative and its community partner (Institute of Public Health Innovations, RCHD Resource Centers, and Virginia Commonwealth University) are providing community-based pediatric asthma intervention services to children living in the City of Richmond proper.

The RVA Breathes+ Pilot program is designed specifically to serve children of elementary school age, who live in the City of Richmond, and have asthma. The enrollees and families will receive 4 intervention sessions, one month apart, to be conducted by a team of Community Health Worker (from one of our community partner) and a Healthy Homes Specialist (from RCHD). The four sessions will cover basic asthma management education (including a little bit of physiology), medication usage & management, healthy homes assessment, and home-based trigger/irritant control and avoidance. Both the child client and caregiver(s) will have separate opportunities to engage with the Team and receive age-appropriate education. As a part of the process, the Team will connect and communicate with healthcare providers and school nurses, as necessary. The participating family will receive intervention education and resources, and may receive referrals for other services to better enable them to manage the child's asthma.

If you have a patient that you believe can benefit from this intervention service, please inform the caregiver about the program and obtain a consent by completing the Referral Form on the next page.

As a part of the Referral Form we are seeking your input as to why the referral, how best for you to receive feedback, and what improvements you would be able to monitor and provide feedback to us at the end of our service. Any medical information (such as allergy tests, medications prescribed, etc.) to help us better serve your patients are welcome.

This form can be found at our website by using the QR code shown here:

*Please note that this referral does not mean your patient will be enrolled in the program, pending on eligibility and final client consent. Your office will be contacted regarding their enrollment status, within a month from the time of this referral. If enrolled, you will also be informed as to the main contact person assigned to this case for all future communications.*

## Pediatric Asthma Community-Base Intervention Service Referral Form

Please FAX Referrals to Dona Huang, Program Manager, RCHD Lead Safe and Healthy Homes Initiative  
Fax: (804) 371-2207

Practice and Provider Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Health Insurance: \_\_\_\_\_ Insurance #: \_\_\_\_\_

*I have received information from the physician about the referral and given my consent to share my child's medical records that are relevant and to be referred to the Richmond City Health District (RCHD) Lead Safe and Healthy Homes Initiative for purpose of this referral. I understand that a representative from RCHD will be contacting me to enroll my child into this intervention program.*

\_\_\_\_\_  
Date: \_\_\_\_\_

(Parent/Guardian Signature)

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### **For Physician Office Use**

Please choose all applicable concern(s) that you would like the Intervention Program to address and provide ranking at the line space provided regarding the severity of your concern by using the scale below. We will seek your input on the outcome (on the concerns chosen) at the end of our intervention sessions

1	2	3	4
Low	Moderate	Serious	Critical

1. Potential uncontrolled asthma triggers at home or school \_\_\_\_\_
2. Asthma medication usage/adherence \_\_\_\_\_ or appointment adherence \_\_\_\_\_
3. Overall understanding or inability to control or manage asthma \_\_\_\_\_
4. >2 ED visits/yr \_\_\_\_\_ or >2 non-routine/urgent office appointment in the last 4 months \_\_\_\_\_
5. History of nighttime episode
6. Other: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_